

| FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD | | | | | | | | | | Page of | | | | |
|--|--|----------------------------------|----------|----|-------|-------------|----|----|--------------------------|----------------|----------------|--------------------|-----------------|----------------|
| 1. APPLICANT | | | 2. PA ID | | | 3. PW # | | | 4. DISASTER NUMBER | | | | | |
| 5. LOCATION/SITE | | | | | | 6. CATEGORY | | | 7. PERIOD COVERING to | | | | | |
| 8. DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | |
| NAME | | DATES AND HOURS WORKED EACH WEEK | | | | | | | COSTS | | | | | |
| JOB TITLE | | DATE | Su | Mo | Tu | We | Th | Fr | Sa | TOTAL HOURS | HOURLY RATE | BENEFIT RATE/HR | TOTAL HOURLY | TOTAL COSTS |
| NAME | | REG | | | | | | | | | \$ | \$ | \$ | \$ |
| JOB TITLE | | O/T | | | | | | | | | \$ | \$ | \$ | \$ |
| NAME | | REG | | | | | | | | | \$ | \$ | \$ | \$ |
| JOB TITLE | | O/T | | | | | | | | | \$ | \$ | \$ | \$ |
| NAME | | REG | | | | | | | | | \$ | \$ | \$ | \$ |
| JOB TITLE | | O/T | | | | | | | | | \$ | \$ | \$ | \$ |
| NAME | | REG | | | | | | | | | \$ | \$ | \$ | \$ |
| JOB TITLE | | O/T | | | | | | | | | \$ | \$ | \$ | \$ |
| Total cost for force account labor regular time. | | | | | | | | | | | | | \$ | |
| Total cost for force account labor overtime. | | | | | | | | | | | | | \$ | |
| I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. | | | | | | | | | | | | | | |
| CERTIFIED | | | | | TITLE | | | | | DATE | | | | |